DEPARTMENT OF PUBLIC HEALTH AND WELF 212 1 1003 CONTROL STATE FILE NUMBER							
DO NOT WRITE	D NOT WRITE AMENDED				Registration District No. Registrat's No. 9909 STATE FILE NUMBER		
ON THIS STUB				=	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	ce before	
VS 300						nission)	
Rev. 4/59	AMENDED	1			OR CL T	de Limita	
l 1	¥	1 1		-	DV DOUIS	No 🗆	
2 26	2 5				HOSPITAL OR ADDRESS] No []	
3	~~	┿┼	1	_;	3. NAME OF DECEASED First Middle Last 4. DATE Month Day	Year	
	1 1	1 1	1		(Type or print) CHRISTINE W. McKINNEY DEATH Oct. 15 10	962	
• 4 /				_	Months Days Hours	NDER 24 HR	
5 /				-17	Female White Widowed Divorced 9-28-1903 59 William Salar State or country 12. CITIZEN OF WHAT C		
	ا ا	11			Housework At Home St. Louis. Mo. U.S.A.	LOUNIKI	
7 (13	39. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE		
9 9	2			_	Leo Dietz Charlotte Schaffern George McKinney		
	୫				5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of serv) NO None 17. INFORMANT Address George McKinney 5953 Nagel Above	_	
9	A H		<u> </u>	_	1 18. CAUSE OF DEATH (Enter only one cause per line	BETWEEN	
10 1	`		DOCUMENT		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ONSET AN ONSET AN	ND DEATH	
11	SAD OF		100		DIA DIA		
122~0.4	199		۵		Conditions, if any, which gave rise to		
13	SEL	+	$\frac{1}{2}$		above cause (a), stating the under- lying cause last. DUE TO (c) Wheumte heart busine (c. y.	<u>M, </u>	
L ZY	5			NOF	disease condition given in PART I (a)	female wa last 90 day:	
30	<u>2</u>			icA1	476 X □ Yes □ No	Unknow	
	AMENOMENIS		:	CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item PERFORMED? YES NO THE PART II OF ITEM PERFORMED?	18.)	
Z Z	AME			MEDICAL	20c. TIME OF Houl Month, Day, Year INJURY a.m.		
BLACK INK OR RITER RIBBON				WE	p.m. 20d. INJURY OCCURED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY WHILE AT WORK farm, factory, street, office bildg., etc.)	STATE	
					NOT WHILE AT WORK		
A O E	READ		1		21. 1 attended the deceased from 0 - 15 - 56, to 10 - 15 - 60 and last saw her alive on 10 - 12 - 62	<u> </u>	
iñ W WR					Death occurred at		
USE BLACH OR TYPEWRITER	SHOULD		VIT OF	(ATE SIGNE	
	 	++-	Įδ.	23	3a. BURIAL, CREMATION, 23b. DATE 23c. NAME O CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Sta	ate)	
	A NO.		AFFIDA		removal Oct.17,1962 Mt. Hope Cemetery St. Louis Co. Mo. 4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REM. SIGNATURE		
	ITEM		BY ≠		elegshauser 4228 S. Kingshighway Blvd. OCT 16 1962 Loan Smith. 17.	. V .	
		1 1	1				

TATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	, Student Embalmer No
orking under my personal supervision.	Signed AW Stormand
Signature of Student Embalmer	
	Licensed Embalmer No. 4009
	P. O. Address It Louis I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUPENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.